

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/21/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445424	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  09/20/2017
NAME OF PROVIDER OR SUPPLIER  CENTER ON AGING AND HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 880 SOUTH MOHAWK DRIVE ERWIN, TN 37650		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 309 SS=D	<p>483.24, 483.25(k)(l) PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>483.24 Quality of life Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care.</p> <p>483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices, including but not limited to the following:</p> <p>(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.</p> <p>(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on facility policy review, facility dialysis</p>	F 309	<p>Statement of Compliance:</p> <p>To remain in compliance with all state and federal regulations, The Center on Aging and Health has taken or will take actions set forth in this POC. The POC constitutes the Center on Aging and Health's allegation of compliance such that all alleged deficiencies have or will be corrected by dates indicated.</p> <p>F309</p> <p>Resident #60 had order clarified for weights.</p> <p>On 9/19/2017 Administrator contacted the Dialysis Center with communication setup between facilities for Resident # 96</p> <p>#60-Chart audits for all residents will be completed by the Director of Nursing, QA Nurse, and the MDS Nurse to verify physician orders for weights are being followed.</p> <p>#96-A dialysis communication form was created. The form will be added to the Admission packet for any new dialysis patient being admitted.</p> <p style="text-align: right;">Completion Date 10/13/17</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Christopher A Gaddy

Administrator

9/28/17

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 309	<p>Continued From page 1</p> <p>agreement, medical record review, and interview the facility failed to ensure a physicians order was followed for one resident (# 60) and failed to ensure communication with a outside agency occurred for one resident (# 96) of 19 residents reviewed during stage 2 of the survey.</p> <p>The findings included:</p> <p>Medical record review revealed Resident #60 was admitted to the facility on 12/31/14 with diagnoses including, Dementia, Congestive Heart Disease, Parkinson's Disease, Brief Psychotic Disorder, Insomnia, Obesity, Hypertension, Atrial Fibrillation and Anemia.</p> <p>Review of the facility policy Physician Orders, dated 5/2011, revealed, "...ensure...physician's orders...carried out..."</p> <p>Medical record review of the Physician's Telephone Order dated 5/30/17, revealed, "...[change] daily wts [weights] to wtkly [weekly] wts..."</p> <p>Medical record review of Daily Weights for June 2017 revealed, "...Freq: [frequency] Weekly..." Continued review revealed no documentation of Resident #60's weights for the month of June.</p> <p>Interview with the Director of Nursing, on 9/20/17, at 10:37 AM, in the conference room, confirmed the facility failed to follow their policy on physician orders by not obtaining weekly weights for Resident #60 during the month of June 2017.</p> <p>Medical record review revealed Resident #96 was admitted to the facility on 5/11/17 with diagnoses including Chronic Kidney Disease, Renal Dialysis,</p>	F 309	<p>#60 &amp; #96-Beginning on 9/26/2017, Nurses were in-serviced by the Director of Nursing on the medical necessity of following a physician order and the proper completion of the dialysis communication form and the need to follow up on return. The in-services will be added to the orientation packet.</p> <p>#60-The Quality Assurance Nurse or Nurse Supervisor in the event the QA Nurse is out will check 15 charts monthly of residents on a weight monitoring program to ensure the physician order is being followed.</p> <p>The checks will be monitored in the Quality Assurance Committee on a monthly basis for one year.</p> <p>#96-The Quality Assurance Nurse or Nurse Supervisor in the event the QA Nurse is out will check charts of all patients on dialysis monthly to ensure communication forms are being completed and shared between facilities.</p> <p>The checks will be monitored in the Quality Assurance Committee on a monthly basis for one year.</p> <p>The Quality Assurance Committee (made up of the Administrator, Director of Nursing, Medical Director, Quality Assurance Nurse, Pharmacist, and Facility Department Managers) retain the right to change, revise, or eliminate this program as seen necessary by the committee.</p>		

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F 309	<p>Continued From page 2 and Anemia.</p> <p>Review of the "...Dialysis Services Agreement..." start date 1/21/02 revealed "...2. Written Protocol...The Nursing Facility will provide for the interchange of information useful or necessary for the resident..."</p> <p>Medical record review of the resident plan of care dated 8/7/17 revealed "...Resident is at risk for complications due to End Stage Renal Disease and Hemodialysis therapy..."</p> <p>Interview with the Director of Nursing (DON) on 9/21/17 at 8:40 AM, at the west wing nurse's station, revealed the DON stated [...I have tried to get communication (between the dialysis center and facility)...have talked to 5 different people at the dialysis center...] Interview with the DON confirmed the facility failed to ensure communication between the dialysis center and the facility.</p>	F 309			